

REPORT OF POTENTIAL HIV EXPOSURE TO LAW ENFORCEMENT EMPLOYEES

(STATE USE)

Report Number: _____

INCIDENT INFORMATION

1. Location/address		City	
2. County	ZIP code	Date of incident / /	Time (use 24-hour clock)

3. Type of agency:

☐ Correctional
 ☐ Court
 ☐ Law Enforcement
 ☐ Prosecutor
 ☐ Other: _____

4. Agency government level:

☐ State
 ☐ County
 ☐ City
 ☐ Other: _____

5.* What was the employee's assignment when incident occurred?

6.* Were any criminal laws allegedly violated by the subject?

☐ Yes ☐ No
 If "yes," specify section(s) violated: _____

7.* What bodily fluid was exposed to employee?

☐ Blood
 ☐ Semen
 ☐ Other (specify): _____

8. Type of **exposure** sustained by employee:

☐ Needlestick
 ☐ Blood to Blood Transfer
☐ Sexual
 ☐ Other (specify): _____
☐ Skin Abrasion/Laceration

9.* Briefly describe details of exposure. **Note: Do not use the names of either the subject or the law enforcement employee.**
(Attach additional pages, if necessary.)

TREATMENT AFTER THE INCIDENT

10.* Was employee provided medical treatment?

☐ Yes ☐ No ☐ Unknown
 If "yes," specify the type of treatment: _____

11. Was employee tested for Hepatitis B?

☐ Yes ☐ No ☐ Unknown
 If "yes," results were: ☐ Positive ☐ Negative

12. Check if the employee required:

☐ Sutures
 ☐ Surgery
 ☐ Hospitalization

13. Did the employee lose work time?

☐ Yes ☐ No ☐ Unknown
 If "yes," enter amount of time lost: _____

***See Instructions on back page**

HIV TESTING: SUBJECT

14. Was subject tested for HIV?

☐ Yes☐ No☐ Unknown

If "yes," results were:

☐ Positive☐ Negative☐ Unknown

15. Was testing:

☐ Voluntary☐ Mandatory

16.* Was HIV counseling provided?

☐ Yes☐ No**HIV TESTING: EMPLOYEE**

17. Was employee tested for HIV?

☐ Yes☐ No☐ Unknown

If "yes," results were:

☐ Positive☐ Negative☐ Unknown

18. How long after the incident was the employee tested? _____

Do you plan to retest?

☐ Yes☐ No

19.* Was HIV counseling provided?

☐ Yes☐ No

20. Has employee begun AZT treatments?

☐ Yes☐ No☐ Unknown

21. Name of person completing form (please print first name, last name)

Signature of person completing form

Date

/ /

22. Business telephone

()

Reporting agency

Address

City

County

ZIP code

Notes:

- The information on this form is being requested pursuant to Section 7554 of the Penal Code. California law requires the completion of an incident report to establish the extent of peace officers' occupational exposure to HIV infection.
- Under no circumstances shall the identity of the law enforcement employee or the identity of the subject be transmitted by the local law enforcement agency or the chief medical officer of the local agency to the State Department of Health Services.
- This form shall be completed by the specified agency representative or the chief medical officer of each correctional, custodial, or law enforcement agency including local law enforcement agencies no longer than two days after the incident.
- When completing this form, if a typewriter is not accessible, please print in a legible manner. Upon completion, this form shall be directed to:

**State of California
Department of Health Services
Office of AIDS
AIDS Registry Section
P.O. Box 942732
Sacramento, CA 94234-7320**

For questions or reordering,
please call (916) 322-0891

Instructions:

All other items are self-explanatory.

5. Was the peace officer assigned to guard subject on patrol, to book suspect, to arrest subject, etc.?
6. Cite any law code violations subject allegedly violated which resulted in employee being in contact with subject (e.g., drug possession, driving under the influence, etc.).
7. Other "bodily fluids" include: fluids containing blood, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, human breast milk.
9. Please describe fully the events that resulted in the injury or exposure. Tell what happened and how it happened. Which bodily fluid(s) of subject such as blood or semen came in contact with the employee? For example: "Blood from arrestee contacted open cut on employee's hand."
10. If employee received medical treatment, briefly describe treatment provided.
- 16., 19. "Counseling" means counseling by a licensed physician and surgeon, registered nurse, or other health professional as established by Department of Health Services guidelines.